Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

- 1. Help you understand your medication choices and make informed decisions.
- 2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor may refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. You and your doctor decide which medication is appropriate for you.

Tier 1 – Your Lowest-Cost Option

This is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

Tier 3 – Your Highest-Cost Option

This is your highest copayment option.

Sometimes there are alternatives available in
Tier 1 or Tier 2 that may be appropriate to treat
your condition. If you are currently taking a
medication in Tier 3, ask your doctor whether
there are Tier 1 or Tier 2 alternatives that may be
right for your treatment.

Compounded medications, medications with one or more ingredients that are prepared "onsite" by a pharmacist, are classified at the Tier 3 level.

Please note: Check the Drug Pricing / Coverage information on www.myuhc.com, or call the Customer Care number on your ID card for more information about your benefit plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **www.myuhc.com** or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **www.myuhc.com** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall value of the medication to ensure an unbiased approach. Committee members are various health care professionals including pharmacists and physicians with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall value of the medication.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

How often will prescription medications change tiers?

Medications may move to a higher tier up to three times per calendar year, depending on your benefit. Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit www.myuhc.com.

What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest cost option. Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Go to myuhc.com to determine the copayment for your generic medication.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **www.myuhc.com** or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **www.myuhc.com** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. Alternative medications may be included on the PDL. Talk to your doctor about the most appropriate medication for you.

When should I consider discussing overthe-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your copayment for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (QLL, QD, N, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

Please call Customer Care if you need additional information about these notations.

What should I do if I use a selfadministered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit **www.myuhc.com** or call the Customer Care number on your ID card for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects, etc.
- Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **www.myuhc.com** or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **www.myuhc.com** for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Tier One Acebutolol

Acetaminophen with Caffeine

and Butalbital

Acetaminophen with Codeine QD Acetaminophen with Codeine, Caffeine

and Butalbital QD

Acetaminophen with Hydrocodone QD

Acetazolamide

Acetic Acid with Hydrocortisone Otic

Acyclovir Tablet, Capsule, Suspension Albuterol Extended Release Tablet

Albuterol Inhalation Solution

Alendronate QLL Allopurinol Alprazolam

Alprazolam Extended Release Amantadine Tablet, Capsule, Syrup Amiloride with Hydrochlorothiazide

Amiodarone Amitriptyline

Amitriptyline with Chlordiazepoxide Amitriptyline with Perphenazine

Amlodipine Besylate

Amoxicillin

Amoxicillin with Potassium Clavulanate Amphetamine with Dextroamphetamine

Salt Combination

Ampicillin

Antipyrine with Benzocaine Otic

Solution Apri

Asmanex QLL

Aspirin with Caffeine and Butalbital Aspirin with Codeine, Caffeine and

Butalbital **Atenolol**

Atenolol with Chlorthalidone

Aviane Azathioprine Azithromycin Baclofen Benazepril

Benazepril with Hydrochlorothiazide

Benzonatate Benztropine

Betamethasone Dipropionate

Augmented Cream

Betamethasone Dipropionate Cream,

Lotion, Ointment, Gel Betamethasone Valerate

Betamethasone with Clotrimazole

Bisoprolol with Hydrochlorothiazide

Bromocriptine Bumetanide

Bupropion N

Bupropion Sustained Action N

Buspirone

Calcipotriene Solution, Topical

Calcitriol

Calcium Acetate 667mg

Captopril

Captopril with Hydrochlorothiazide

Carbamazepine Carbidopa/Levodopa Carisoprodol

Carvedilol

Cefaclor Cefadroxil Cefuroxime Tablet Cephalexin Cesia Chlordiazepoxide

Chlorhexidine Chlorthalidone Chlorzoxazone Cholestyramine

Cholestyramine with Aspartame

Ciclopirox Gel, Topical

Cilostazol Ciprofloxacin Citalopram

Clarithromycin Tablet

Clidinium with Chlordiazepoxide

Clindamycin Capsule

Clindamycin Gel, Soln, Lotion, Swabs

Clindamycin Vaginal Cream

Clobetasol Clomiphene Clomipramine Clonazepam Clonidine Clorazepate

Clotrimazole Troches

Clotrimazole with Betamethasone

Colestipol Cromolvn Crvselle Cyclobenzaprine Cyproheptadine Desipramine Desmopressin Desonide

Desoximetasone Dexamethasone

Dextroamphetamine **Dextroamphetamine Sustained Release**

Diazepam Diclofenac Dicloxacillin Dicvclomine Diflorasone

Diflunisal Digoxin

Diltiazem Controlled Release Capsule

Diltiazem Sustained Release

12 Hours Capsule Diltiazem Tablet Diphenoxylate

Diphenoxylate with Atropine

Dipyridamole

Divalproex Sodium Tablet, Enteric

Coated

Dorzolamide Eye Drops

Doxazosin Doxepin Doxycycline Dronabinol Econazole Enalapril

Enalapril with Hydrochlorothiazide

Enpresse

Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital

Errin

Erythromycin Base 250, 333mg Erythromycin Ethylsuccinate Erythromycin Stearate

Erythromycin with Benzoyl Peroxide

Estradiol Patch QLL Estropipate **Etidronate Disodium**

Ftodolac

Fast Take Test Strips QLL

Felodipine

Fenofibrate Micronized 54, 67, 134, 160, 200mg

Flecainide Fluconazole Fludrocortisone

Flunisolide Nasal Spray QLL

Fluocinolone Fluocinonide Fluocinonide-E Fluorometholone Fluorouracil Cream Fluoxetine Capsule Flurazepam

Flurbiprofen Fluticasone Nasal Spray QLL

Fluvoxamine Folic Acid Foradil **QLL** Fosinopril

Fosinopril with Hydrochlorothiazide Freestyle Lite Test Strips QLL Freestyle Test Strips QLL

Frova QLL Furosemide

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.
QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Tier One

Gabapentin Capsule, Tablet

Galantamine Gemfibrozil Gentamicin Glimepiride Glipizide

Glipizide Extended-Release

Glvburide

Glyburide Micronized Glyburide with Metformin

Guanfacine

Halobetasol Cream, Ointment

Haloperidol Hydralazine

Hydrochlorothiazide

Hydrocodone with Homatropine Hydrocortisone Acetate Suppositories

Hydrocortisone Valerate Hydromorphone Hydroxychloroquine

Hydroxyzine

Ibuprofen - Prescription strengths only

Ibuprofen with Hydrocodone

Imipramine Indapamide Indomethacin

Ipratropium Inhalation Solution

Isometheptene, Dichloralphenazone and Acetaminophen

Isoniazid

Isosorbide Dinitrate Isosorbide Mononitrate

Isradipine Itraconazole QD

Junel Junel FE Kariva Ketoconazole Ketoprofen Ketorolac QLL

Labetalol Lactulose Lamotrigine

Leflunomide Lessina Levetiracetam Levothyroxine

Levorphanol Tartrate Lidocaine Viscous

Lisinopril

Levora

Lisinopril with Hydrochlorothiazide

Lithium Carbonate

Lithium Carbonate Controlled-Release Lithium Carbonate Extended-Release

Lorazepam Lovastatin

Low-Oaestrel Maxalt **QLL** Maxalt MLT QLL Mebendazole

Medroxyprogesterone Tablet Mefloquine Megestrol

Meloxicam Meperidine

Meperidine with Promethazine

Medroxyprogesterone 150mg/ml

Metformin

Metformin Extended-Release

Methadone Methimazole Methocarbamol Methotrexate Methyldopa

Methylphenidate **QD** Methylphenidate Extended-Release QD

Methylprednisolone

Methyltestosterone with Esterfied

Estrogens Metoclopramide Metolazone Metoprolol

Metoprolol Succinate Sustained

Release 25mg

Metronidazole Metronidazole Cream

Microaestin Microaestin FE Minocycline Minoxidil Tablet

Mirtazapine

Mirtazapine Dispersible Tablet

Misoprostol Mometasone Mononessa Morphine

Morphine Sulfate Controlled Release QD

Mupirocin Ointment

Nadolol

Nadolol with Bendroflumethiazide Naproxen - Prescription strengths only

Nefazodone

Neomycin/Polymyxin B/Dexamethasone Neomycin/Polymyxin/Gramicidin Neomycin/Polymyxin/Hydrocortisone

Nifedipine

Nifedipine Controlled-Release Nifedipine Extended Release Nitrofurantoin/Nitrofurantoin

Macrocrystals

Nitrofurantoin Macrocrystals

Nitroglycerin

Norethindrone

Nortrel Nortriptyline Novolin Vials **Novolog Vials**

Nystatin with Triamcinolone Ofloxacin Eye Drops Ofloxacin Otic Drops

Ogestrel Ondansetron QLL

Nystatin

One Touch Test Strips QLL

One Touch Ultra Test Strips **QLL**

Orapred Oral Solution

Oxaprozin Oxazepam Oxybutynin Oxycodone

Oxycodone with Acetaminophen QD

Oxycodone with Aspirin Oxycodone with Ibuprofen QD

Paroxetine

PEG 3350/Powder for Solution

Penicillin V Potassium Pentoxifvlline Permethrin Cream Phenazopyridine Phenobarbital

Phenylephrine with Chlorpheniramine

and Scopolamine

Phenylephrine with Hydrocodone

Phenytoin Pindolol Piroxicam

Polymyxin B with Trimethoprim

Portia

Potassium Chloride Potassium Citrate Pravastatin Prazosin

Precision Q-I-D Test Strips QLL Precision Xtra Test Strips **QLL**

Prednisolone Prednisone

Prenatal Vitamins - Generic prescription

strenaths only Primidone Probenecid Prochlorperazine Promethazine

Promethazine with Codeine

Promethazine with Dextromethorphan

Promethazine with Phenylephrine Promethazine with Phenylephrine and

Codeine Propafenone Propoxyphene

Propoxyphene with Acetaminophen QD

Propranolol Tablet

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.
QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Zovia 1/35E

Zovia 1/50E

Tier One Tri-Sprintec Propylthiouracil Triamcinolone

Protriptyline Triamterene with Hydrochlorothiazide

Pulmicort Flexhaler **QLL** Triazolam

Pulmicort Turbuhaler **QLL** Trimethobenzamide

Quinapril Trimethobenzamide with Benzocaine

QVAR **QLL** Trimethoprim
Ramipril Trimipramine Maleate

Ranitidine Syrup
Reclipsen
Relpax QLL
Ribavirin QLL, N
Rifampin
Relpax QLL
Venlafaxine

Risperidone
Risperidone
Ropinirole
Verapamil
Salsalate
Varfarin
Selenium Sulfide
Sertraline
Selver Sulfadiazine
Silver Sulfadiazine
Simvastatin
Ventolin HFA QLL
Verapamil
Varfarin
Zolpidem QD
Zomig QLL
Zomig QLL
Zomig ZMT QLL
Zonisamide

Sotalol Spironolactone with

Solia

Sodium Fluoride

Hydrochlorothiazide

Spironolactone Sprintec Sucralfate Sulfacetamide

Sulfacetamide with Sulfur

Sulfamethoxazole with Trimethoprim

Sulfasalazine Sulfasalazine EC

Sulfatrim Sulindac

Sumatriptan Succinate Injection QLL

Surestep Test Strips QLL

Tamoxifen Temazepam Terazosin

Terbinafine Tablet QD

Terbutaline

Terconazole Suppository

Tetracycline Theophylline

Theophylline Anhydrous Tablet,

Sustained Action

Thyroid Timolol Drops Tizanidine

Tobramycin Topiramate

Torsemide

Tramadol Tramadol with

Acetaminophen QD

Trazodone Tretinoin **QD, N**

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Cleocin Vaginal Suppositories Lanoxin **Tier Two** Acarbose Climara Lantus Vials Clindesse Leuprolide Aceon Combigan Levaquin Aciphex Copaxone QD Levemir Vials Activella 0.5mg/1mg Actonel QLL Coumadin Lidoderm QD Actonel with Calcium QLL Cozaar Lindane Crestor Liothyroine Actoplus Met Dapsone

Actoplus Met Crestor Liothyroine
Actos Dapsone Lipitor
Adderall XR QD Diclofenac Sodium Drops Lipofen
Advicor Dilantin Locoid Lipocream

Addra Diltiazem Sustained Action Capsule Lovenox **QLL**Alphagan P Diltiazem Sustained Release Lumigan
Altoprev 24 Hour Capsule Malarone

Androgel **QD**Androgel **QD**Antabuse

Divalproex Sodium Capsule, Sprinkle
Divalproex Sodium Tablet, Sustained
Release

Mesalamine Enema
Methergine
Metoprolol Succinate Sustained

Antara Divigel Release 50, 100, 200mg
Aranesp **QD**, **N** Dorzolamide/Timolol Eye Drops Metrogel
Aricept Dovonex Cream, Ointment Metrolotion

Aricept Dovonex Cream, Ointment Metrolotion
Aricept ODT Duetact Metronidazole Vaginal Gel
Arimidex Effexor XR Micardis

Flestat Micardis HCT Arixtra QLL Emend QLL Mirapex Asacol Enablex Moexipril Astelin QLL Atrovent Inhaler QLL Enjuvia Myfortic **Entocort EC** Nahumetone Avandamet Eplerenone Nasonex QLL

Avandaryl Eplerenone Nasonex **QL**l
Avandia Epogen **QD**, **N** Neoral
Avonex **QD** Esclim Neupogen
Axid Oral Solution Estraderm **QLL** Niaspan

Azelex Estradiol/Norethindrone Acetate Nisoldipine 20, 30 40mg
Azor 1mg/0.5mg Novolin Pens/Cartridges
Balsalazide Disodium Estratest Novolog Pens/Cartridges

BenicarEstratest H.S.Nutropin QLL, NBenicar HCTEstring QLLNuvaringBenzamycinEvamistOmeprazole 10, 20mgBetimolEvistaOmeprazole 40mgBetoptic SFemaraOptivar

Boniva **QLL**Fenoglide

Function Sustained Release 24 Hour **N**Fenoglide

Fentanyl Citrate Lollipop **QD, N**Orphenadrine Compound

Butorphanol Nasal Spray QD Fentanyl Transdermal System QD Oxandrolone
Byetta Finasteride Oxcarbazepine
Bystolic Fluoxetine Tablet Oxycontin QD
Cabergoline Fortical Oxytrol
Calcitonin Salmon Nasal Spray Foscenol Pegasys QD, N

Calcitonin Salmon Nasal Spray Fosrenol Pegasys **QD, N**Canasa Gabitril Peg-Intron **QD, N**Capex Shampoo Geodon Plavix

Glipizide with Metformin Prandin Carac Cream Carbamazepine Tablet, Sustained Glucagon Emergency Kit QLL Prefest Release 12 Hour Glycopyrrolate Prevpac Cardizem LA Granisetron Tablet QLL Procrit QD, N Grifulvin V Tablet Proctofoam-HC Cefdinir Prograf Cefprozil Hvzaar Intal QLL Cenestin Prometrium

Ciprodex Isotretinoin Protonix
Clarithromycin Suspension Janumet Protopic N

Clarithromycin XL Januvia Pulmicort Respules **QLL**

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.
QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Tier Two

Pvlera

Quinapril with Hydrochlorothiazide

Ranexa

Rapamune

Rebif QD

Renagel

Renvela

Retin-A Micro QLL, N

Roferon A QLL, N

Saizen QD. N

Sanctura XR

Seroquel

Serostim QD, N

Simcor

Singulair

Soriatane

Spiriva **QLL**

Sular 8.5, 10, 17, 25.5, 34mg

Symbyax

Synthroid

Tazorac QLL, N

Tegretol

Tev-Tropin QD, N

Tilade

Tobramycin/Dexamethasone Eye Drops

Tolmetin

Travatan

Travatan Z

Tricor 48, 145mg

Triglide

Twinject QLL

Vagifem

Valtrex

Vesicare

Vivelle

Vivelle-Dot

Voltaren Gel

Vytorin

Vyvanse QD

Welchol

Yasmin

Yaz

Zaleplon **QD**

Zegerid

Zomig Nasal Spray QLL

Zovirax Ointment, Cream

Zyprexa (Zydis = Tier 3)

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.
 QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.
 QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Cefuroxime Suspension Famvir Tier Three Abilify Cefzil **FemHRT** Fentora QD. N Accolate Celebrex Accu-Chek Test Strips QLL Cenogen Ultra Fexofenadine Cesamet QD Finacea Accuretic Chemstrip BG Test Strips QLL Flomax Aclovate

Aclovate
Actiq QD, N
Cialis QD
Ciclopirox Solution, Topical
Actuar QLL
Actuar QLL
Adoxa
Adoxa
Advair Diskus QLL
Ciprofloxacin Tablet, Sustained Release,
Chemstrip BG Test Strips QLL
Flomax
Flowent HFA QLL
Focalin QD
Focalin XR QD
Fosamax Plus D QLL
Ciprofloxacin Tablet, Sustained Release,
Genotropin QD

Advair HFA **QLL** 24 Hour Glucometer Test Strips **QLL**

Aggrenox Clarinex Glumetza
Albuterol Sulfate/Ipratropium Solution,
Non-Oral Climara Pro Gynazole-1
Gynazole-1
Gynodiol 1.5mg Tablet

Alesse Clindagel Humalog
Allegra Clobetasol Propionate Foam Humatrope QD, N
Allegra ODT Colazal Humibid DM
Allegra Suspension Colyte Humibid LA
Allegra-D Combipatch Humira QD, N

Alocril Combivent QLL Humulin
Alomide Concerta QD Imitrex Nasal Spray QLL
Alvesco QLL Coreg CR Imitrex Tablet QLL
Ambien CR QD, N Cosopt Inderal LA
Amerge QLL Covera-HS Inspra

Amerge QLL Covera-HS Inspra
Amlodipine and Benazepril Cutivate Intron A QLL, N
Amphetamine with Dextroamphetamine Cyclessa Invega
Salt Combination Capsule, Sustained Cymbalta Kadian QD

Salt Combination Capsule, Sustained
Release 24 Hour **QD**Cytomel
Kadian **QD**Keppra XR Excluded

Daytrana **QD** Analpram-HC Ketek Denavir Kineret OD. N Angeliq Anzemet QLL Depakote ER Kvtril Tablet QLL Depakote Sprinkle Lamisil Tablet Armour Thyroid Derma-Smoothe/FS Lantus SoloStar Arthrotec Ascensia Autodisc QLL Desogen Lescol

Ascensia Elite QLL

Ascensia Elite QLL

Atacand

Atacand HCT

Augmentin XR

Detrol La

Levemir Pen

Levitra QD

Levonorgestrel-Ethinyl Estradiol Tablet,

Avalide Diovan HCT Dosepack, 3 Month QLL Avapro Diprolene Levothroid Avelox Ditropan XL Lexapro Dorvx Lialda Avinza QD Dostinex Lo/Ovral Avodart N Duac, Duac CS Locoid Axert OLL DuoNeb Loestrin Azmacort

Bactroban Duragesic QD Loestrin FE Beconase AQ QLL Elidel N Loprox Elocon Lotemax Benzaclin Enbrel QD, N Betaseron QD Lotrel Epipen QLL Lovaza Biaxin Suspension Lunesta QD, N Biaxin XL Epipen Jr. QLL

Blephamide Eye Drops Estrostep FE Luxiq
Brovana Ethinyl Estradiol/Drospirnone 0.3/3mg Lybrel
Caduet Exforge Lyrica
Carafate Suspension Extendryl SR Mavik

Carbatrol Factive Maxair Autohaler **QLL**Catapres-TTS Famciclovir Mefenamic Acid

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = **Quantity Duration.** Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

Prenate Advance Toprol XL 50, 100, 200ma Tier Three Menest Prenate GT Tracer BG Test Strips QLL

Mentax Prevacid Capsule Trandolapril Metadate CD QLL **Prevacid Solutab** Transderm-Scop Prilosec Rx 10, 20mg Treximet **QLL** Metaglip Metrogel Vaginal Prilosec Rx 40mg Tri-Norinyl Miacalcin Nasal Spray Primacare Triaz Mircette Pristia Trileptal ProAir HFA QLL Trilipix Modicon

Propranolol Sustained Action Capsule Triphasil Naftin Proscar N Tussionex Nasacort Nasacort AQ Proventil HFA QLL Uniretic Provigil QD, N Univasc Natelle Prozac Weekly Uroxatral Nestabs RX Vagifem Quixin Nexium Capsule Relafen Vantin **Nexium Suspension**

Relenza **QD** Venlafaxine Extended Release Nitrostat Relion Veramyst QLL Nordette

Norditropin QD, N Requip XL Verapamil Capsule, 24 Hour Sustained

Restasis N Release Pellets Noritate Restoril 7.5, 22.5mg Verelan PM Nulev Viagra QD Rhinocort QLL Nulytely Rhinocort Aqua QLL Vigamox **Omnicef** Risperdal M-Tab Visicol

Omnitrope QD, N Ritalin LA QLL Voltaren Eye Drops Opana ER QD Robinul Forte Wellbutrin XL N Orapred ODT Rosanil Xalatan Ortho Evra QLL

Rozerem OD. N Xopenex HFA QLL Ortho Micronor Sanctura **Xopenex Solution** Ortho Tri-Cyclen Sancuso OLL Xvzal Ortho Tri-Cyclen Lo

Sarafem Zelnorm QD Ortho-Cept Ortho-Cyclen Seasonale 7etia Seasonique Ziana Ortho-Novum Sensipar Zmax Oscion Serevent Diskus QLL Zvflo

Ovcon-50 Seroquel XR Zyflo CR Oxistat Skelaxin Oxybutynin Sustained Release Zylet Solodyn Zymar **Patanase** Soma 250mg Pantoprazole

Paroxetine HCI Sustained Release Sonata QD, N 24 Hour Starlix Patadav Stavzor Strattera QD Patanol Sular 20, 30, 40mg Paxil CR

Sumatriptan Succinate Nasal Spray QLL Penlac Sumatriptan Succinate Tablet QLL Pentasa

Perforomist QLL Symlin Tamiflu QD Periostat Pexeva Tarka Plexion Tegretol XR Tekturna Ponstel **Precare Conceive** Teauin

Precare Prenatal Precose Terconazole Cream

Testim QD Premarin Teveten Premesis RX Premphase Theo-24

Tobradex Eye Ointment Prempro

NOTE:

- Compounded prescriptions are
- Insulin pens & cartridges are Tier Three except for Novolin and Novolog pens and cartridges which are Tier Two.

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

Terazol

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time

Additional Tier Three drugs with a generic equivalent in Tier One

Accupril (Quinapril)

Adderall QD (Amphetamine with

Dextroamphetamine Salt Combination

Aldactone (Spironolactone)

Altace (Ramipril)

Amaryl (Glimepiride)

Ambien QD, N (Zolpidem QD)

Anaprox (Naproxen) Arava (Leflunomide)

Ativan (Lorazepam)

Augmentin ES (Amoxicillin with

Potassium Clavulanate)

Biaxin Tablet (Clarithromycin Tablet)

Buspar (Buspirone)

Calan, Calan SR (Verapamil)

Capoten (Captopril)

Cardizem CD except for 360mg strength

(Diltiazem Sustained Release 24 Hour

Capsule)

Cardura (Doxazosin)

Ceftin (Cefuroxime)

Celexa (Citalopram)

Ciloxan Eye Drops (Ciprofloxacin)

Cipro (Ciprofloxacin)

Cleocin T (Clindamycin Gel, Lotion,

Solution, Swabs)

Colestid (Colestipol)

Combunox QLL (Oxycodone with

Ibuprofen QLL)

Copegus QLL, N (Ribavirin QLL, N)

Coreg (Carvedilol)

Darvocet-N QD (Propoxyphene with

Acetaminophen QD)

DDAVP (Desmopressin)

Depakote (Divalproex Sodium Tablet,

Enteric Coated)

Depo-Provera QLL

(Medroxyprogesterone

Acetate 150mg/ml QLL)

Dexedrine SR (Dextroamphetamine

Sustained Release Capsule)

DiaBeta, Micronase, Glynase

(Glyburide)

Didronel (Etidronate Disodium)

Diflucan (Fluconazole)

Diprolene AF (Betamethasone

Dipropionate Augmented Cream)

Dovenex Solution (Calcipotriene

Solution, Topical)

Duricef (Cefadroxil)

Dyazide (Triamterene with

Hydrochlorothiazide)

Dynacirc (Isradipine)

Effexor (Venlafaxine)

Elocon Cream, Ointment, Solution

(Mometasone)

Eskalith CR (Lithium Carbonate

Controlled-Release)

Fioricet QD (Butalbital with

Acetaminophen and Caffeine QD)

Flexeril (Cyclobenzaprine)

Flonase **QLL** (Fluticasone Nasal Spray

Floxin Otic (Ofloxacin Otic Drops)

Fosamax QLL (Alendronate QLL)

Glucophage, XR (Metformin)

Glucotrol, XL (Glipizide) Glucovance (Glyburide with Metformin)

Hytrin (Terazosin)

Imitrex Injection QLL (Sumatriptan

Succinate Injection QLL)

Inderal (Propranolol)

Keflex (Cephalexin) Keppra (Levetiracetam)

Klonopin (Clonazepam)

Lamictal (Lamotrigine)

Lamisil Tablet QD (Terbinafine

Tablet QD)

Lasix (Furosemide)

Lithobid (Lithium Carbonate

Extended-Release)

Lofibra (Fenofibrate Micronized)

Lopid (Gemfibrozil)

Lopressor (Metoprolol)

Lotensin (Benazepril)

Lotensin HCT (Benazepril with

Hydrochlorothiazide)

Lotrisone (Betamethasone with

Clotrimazole)

Macrobid (Nitrofurantoin/

Nitrofurantoin Macrocrystal)

Medrol Dosepak (Methylprednisolone)

Metrocream (Metronidazole Cream)

Mevacor (Lovastatin) Mobic (Meloxicam)

Monopril (Fosinopril)

Monopril HCT (Fosinopril with

Hydrochlorothiazide)

Motrin (Ibuprofen) - Prescription

strengths only

Mycelex Troche (Clotrimazole Troche)

Naprosyn (Naproxen) - Prescription

strengths only

Nasarel, Nasalide QLL (Flunisolide

Nasal Spray QLL)

Neurontin Capsule, Tablet (Gabapentin)

Nizoral (Ketoconozole)

Norvasc (Amlodipine Besylate)

Ocuflox Eye Drops (Ofloxacin)

Paxil (Paroxetine)

Percocet 5-325, 7.5-500, 10-650 QD

(Oxycodone with Acetaminophen QD)

PhosLo (Calcium Acetate 667mg)

Plendil (Felodipine)

Pletal (Cilostazol)

Pravachol 1/2T (Pravastatin 1/2T)

Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with

Hydrochlorothiazide)

Procardia XL (Nifedipine Extended-

Release)

Provera (Medroxyprogesterone)

Prozac (Fluoxetine)

Razadyne (Galantamine)

Rebetol QD, N (Ribavirin QD, N)

Remeron (Mirtazapine)

Remeron SolTab (Mirtazapine

Dispersible Tablet)

Requip (Ropinirole)

Restoril 15, 30mg (Temazepam)

Risperdal (Risperidone)

Ritalin (Methylphenidate)

Ritalin SR (Methylphenidate Extended-Release)

Sporanox QD (Itraconazole QD)

Surmontil (Trimipramine Maleate)

Tenormin (Atenolol)

Tenoretic (Atenolol with Chlorthalidone)

Topamax (Topiramate)

Toprol XL 25mg (Metoprolol Succinate

Sustained Release)

Trusopt (Dorzolamide Eye Drops)

Tylenol #3 QD (Acetaminophen with

Codeine QD)

Ultracet (Tramadol with Acetaminophen)

Ultram (Tramadol)

Ultravate Cream, Ointment (Halobetasol

Propionate) Uniphyl (Theophylline Anhydrous Tablet,

Sustained Action)

Urso, Urso Forte (Ursodiol)

Valium (Diazepam) Vaseretic (Enalapril with

Hydrochlorothiazide)

Vasotec (Enalapril)

Vicodin QD, Vicodin ES QD (Acetaminophen with Hydrocodone

Vicoprofen (Ibuprofen with

Hydrocodone) Voltaren Tablet (Diclofenac)

Wellbutrin N (Bupropion N)

Wellbutrin SR N (Bupropion Sustained Action N)

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

= Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time. QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time

Additional Tier Three drugs with a generic equivalent in Tier One

Xanax, Xanax XR (Alprazolam) Zantac Syrup (Ranitidine Syrup) Ziac (Bisoprolol with Hydrochlorothiazide) Zithromax (Azithromycin) Zocor (Simvastatin) Zofran QLL (Ondansetron QLL) Zoloft (Sertraline) Zonegran (Zonisamide) Zovirax Tablet, Capsule, Suspension (Acyclovir)

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.
 QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.
 QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.